SUBDERMAL CONTRACEPTIVE INSERTION RECORD

Name _____
Age _____ Date of Birth _____
Allergies _____
Current Method of Contraception _____
Current Medications _____
LNMP _____ Day of client's cycle _____
Last sexual intercourse _____

History

Annual examination within 1 year*	□ yes	□ no
Allergic or hypersensitivity to iodine	□ yes	□ no
Allergic or hypersensitivity to Lidocaine	□ yes	□ no
Allergic or hypersensitivity to any component in implant	□ yes	□ no
Current medications on Appendix D list	□ yes	□ no
Current known pregnancy or suspected pregnancy	□ yes	□ no
Currently breastfeeding (at least 4 weeks postpartum)	□ yes	□ no
Unexplained vaginal bleeding	□ yes	□ no
Known or suspected breast cancer or history thereof	□ yes	□ no
Hepatic disease (tumors, hepatitis, cirrhosis)	□ yes	□ no

Comments _____

_____

_____

_____

_____

BP _____ **Urine Pregnancy Test** (if indicated) □ pos □ neg

Date _____ **Interpreter Name** _____

Staff Signature _____

*Patients should be encouraged to receive routine health maintenance, including annual examination. However, initiation or use of contraception should not be delayed or withheld due to a need for routine health maintenance.

Subdermal Contraceptive Implant
INSERTION RECORD (page 2)

Name _____

Date _____

Assessment:

Appropriate candidate for implant? □ yes □ no

Consent signed □ yes □ no

Insertion:

Implant type _____

Insertion site □ left upper arm □ right upper arm

Antiseptic □ iodine □ alcohol

Anesthetic □ Lidocaine ____% ____ mL □ other _____

_____

Implant inserted according to protocol □ yes □ no

If no, explain _____

Implant Lot # _____ Expiration. Date _____

Confirm implant placement by palpation □ yes □ no

If no, what action planned or taken

□ Referral for localization □ yes □ no

□ Backup contraception initiated _____

_____

Complete USER CARD and give to client □ yes □no

Complete Patient Chart Label, affix to chart □ yes □ no

Difficulty with implant insertion □ yes □ no

If yes, specify _____

If implant not inserted:

□ Condoms □ offered □ given

□ Combined oral contraceptive initiated Brand name _____

# of cycles _____ start date _____

□ Other method of contraception initiated/continued/restarted _____

_____

Return Visit _____

Date _____ **Interpreter Name** _____

Chaperone Signature _____

Clinician Signature _____